

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke  
Probation Against:

JANE ANN PRAVEL

Registered Nurse License No. 502771

Respondent.

Case No. 2005-150

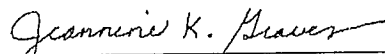
OAH No. 2010030230

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on November 12, 2010.

IT IS SO ORDERED this 13th day of October, 2010.



\_\_\_\_\_  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke  
Probation Against:

JANE ANN PRAVEL

Registered Nursing License No. 502771

Respondent.

Case No. 2005-150

OAH No. 2010030230

**PROPOSED DECISION**

Administrative Law Judge Susan L. Formaker of the Office of Administrative Hearings heard this matter on July 2, 2010, in Los Angeles, California.

Deputy Attorney General Gillian E. Friedman and Loyola Law School student Mark Sanborn (certified by the State Bar under the Rules Governing the Practical Training of Law Students) represented Ruth Ann Terry, M.P.H., R.N., Executive Officer of the Board of Registered Nursing (Board), Department of Consumer Affairs (Complainant).

Jane Ann Pravel (Respondent) represented herself.

During the hearing, Complainant moved to amend the Petition to Revoke Probation (Petition) as follows: (1) on page two of the Petition, at line 19, to replace the word "Fifth" with the word "First"; (2) on page three of the Petition, at paragraph nine, line three, to replace the word "above" with the word "below"; (3) on page three of the Petition, at line four, to replace the word "First" with the word "Second"; and (4) on page three of the Petition, at line 16, to replace the word "Second" with the word "Third." Respondent did not oppose the motion to amend the Petition, and the Administrative Law Judge granted the motion.

After the hearing, the record remained open until 5:00 p.m. on July 16, 2010, for Respondent to file and serve copies of any and all of her prescriptions for tramadol. Respondent timely submitted what appeared to be printouts from Walgreens's computerized pharmacy records pertaining to Respondent. Those records, along with the proof of service and facsimile confirmations regarding the filing and service of the records, were collectively marked for identification as Exhibit J. Complainant did not object to the submission of such copies and declined the opportunity to respond to any such submission. Exhibit J was admitted.

Oral and documentary evidence having been received, and the matter having been deemed submitted as of July 16, 2010, the Administrative Law Judge makes the following Proposed Decision:

### FACTUAL FINDINGS

1. Complainant filed the Petition, as amended during the hearing, in her official capacity.

2. Respondent was issued registered nursing license number 502771 on August 26, 1994. Respondent's license was revoked, with the revocation stayed and Respondent being placed on probation for a period of three years, pursuant to a Decision and Order by which the Board adopted a Stipulated Settlement and Disciplinary Order (Probation Order), effective December 19, 2005. The instant Petition was filed by the Board on December 19, 2008, based upon Respondent's alleged violations of the Probation Order. Pursuant to paragraph 12 of the Probation Order, the filing of the Petition has automatically extended Respondent's probationary period until the Petition is acted upon by the Board. Respondent's license is set to expire on February 29, 2012.

3. The Probation Order and the Accusation upon which it was based originated out of Respondent's misuse of controlled substances. In September of 2000, while she was employed as a registered nurse at Loma Linda University Medical Center, Respondent removed a complete bag of morphine after it was hung for intravenous administration to a patient. In a suicide attempt, Respondent drank the bag of morphine, causing her to become violently ill.

4. On November 9, 2000, Respondent entered into the Board's Diversion Program. However, Respondent refused to comply with the Diversion Program mandates. She tested positive for controlled substances on July 7, 2002 (for methadone), and on March 1, 2003 (for codeine and hydrocodone). Respondent also provided diluted urine specimens on three occasions between November 2002 and January 2003, missed required meetings, missed required laboratory tests on March 24, 2003, April 3, 2003, April 23, 2003, and May 5, 2003, failed to enter a residential treatment facility, and exhibited inappropriate actions with a patient. On June 10, 2003, Respondent was discharged from the Board's Diversion Program as a "public safety threat."

5. On February 10, 2005, the Board filed an Accusation against Respondent, seeking revocation or suspension of Respondent's registered nursing license pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivisions (a) and (b). The Board alleged unprofessional conduct based on the facts set forth in Findings 3 and 4. By entering into the Probation Order, Respondent avoided a formal hearing on the Accusation and the possibility that her license would be revoked outright.

6. Under the terms of the Probation Order, Respondent admitted the truth of each and every charge and allegation set forth in the Accusation. She also agreed to the conditions of the Probation Order. Condition 2 of the Probation Order provides that:

Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

7. Condition 3 of the Probation Order provides that:

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

8. Pursuant to Condition 5 of the Probation Order, Respondent agreed that:

... during the period of probation, [Respondent] shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to Respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

9. Condition 15 of the Probation Order requires that:

Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider Respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or

equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

10. Condition 16 of the Probation Order provides that:

Respondent shall completely abstain from the possession, injection or consumption by any route of all controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

11. As relevant here, other terms of the Probation Order require that Respondent submit to an approved random biological fluid testing program (Condition 17), that she submit within 45 days of the effective date of the Probation Order to a mental health examination to determine her capability to perform the duties of a registered nurse (Condition 18), that she participate in an on-going counseling program until the Board releases her from this requirement (Condition 19), that she successfully complete an approved course or approved courses relevant to the practice of registered nursing no later than six months prior to the end of her probationary term (Condition 10), and that she pay to the Board the costs associated with the investigation and enforcement of the Accusation in the amount of \$4,863.50, with the payments completed no later than three months prior to the end of her probationary term (Condition 11).

//

12. Condition 12 of the Probation Order provides in part that:

[i]f Respondent violates the conditions of her probation, the Board after giving Respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's license.

13. On January 27, 2006, Respondent met in-person with Timothy Doherty (Doherty), her assigned Board probation monitor. They discussed the conditions of probation under the Probation Order. Respondent certified under penalty of perjury that the conditions of probation were discussed and that she understood them.

14. On March 21, 2006, during random bodily fluid testing, Respondent tested positive for alcohol. Doherty called Respondent on April 25, 2006, to discuss the positive test results. Respondent denied that she drank alcohol and began to cry. Doherty suggested that Respondent contact the medical review officer for the testing company to discuss the results and then call him back. She left a message that afternoon stating that she had scheduled an appointment with the medical review officer.

15. On May 10, 2006, Respondent contacted Doherty and told him that the medical review officer informed her that her positive alcohol test could have resulted from having used Benadryl topical itch spray. Upon Doherty's request, Respondent stated she would have the medical review officer put this information in a writing addressed to Doherty. Later that day, Doherty contacted Respondent to let her know that the medical review officer's report contained no such statement. Respondent contended she had not yet contacted the medical review officer. Doherty never received any statement or report from the medical review officer confirming that Benadryl can cause a false-positive test result for alcohol.<sup>1</sup>

16. During her second conversation with Doherty on May 10, 2006, Respondent stated that her sobriety date was in February of 2001, despite her prior positive drug test results in 2002 and 2003. (See Finding 4, above). Based upon the positive test result for alcohol and Respondent's contradictory statements, Doherty informed Respondent that she would need to enter a drug rehabilitation program of at least six months' duration, in accordance with Condition 15 of the Probation Order.

17. Respondent successfully completed a six-month drug and alcohol rehabilitation program at Inland Behavioral and Health Services on December 20, 2006.

//

---

<sup>1</sup> Doherty acknowledged in his testimony that he had erroneously informed Respondent that if she had taken Benadryl she would have had positive test results for benzodiazepines. This erroneous information had nothing to do with Respondent's failure to provide an acceptable explanation for her positive alcohol test result.

18. Respondent tested positive for tramadol, a synthetic opioid analgesic, on December 5, 2007, January 9, 2008, January 18, 2008, March 20, 2008, April 7, 2008, and April 21, 2008. Although tramadol is not currently listed as a controlled substance in the Health and Safety Code, it is a dangerous drug pursuant to Business and Professions Code section 4022. Respondent did not concurrently or within 14 days of starting the medication comply with the reporting and monitoring provisions of Condition 16 in the Probation Order with respect to this medication. (See Condition 16, Finding 10, above.)<sup>2</sup> Doherty never received any of the required reporting regarding Respondent's self-administration of tramadol, and there was no documentary evidence that any such reporting was ever provided to him.

19. Respondent failed timely to submit the quarterly reports required by Probation Condition 5 for the periods July 1, 2007, through September 30, 2007 (due October 7, 2007), October 1, 2007, through December 31, 2007 (due January 7, 2008), January 1, 2008, through March 31, 2008 (due April 7, 2008), and April 1, 2008, through June 30, 2008 (due July 7, 2008).

20. Respondent failed to submit completed nurse support group and Alcoholics/Narcotics Anonymous meeting attendance sheets for the period July 7, 2007, through July 7, 2008, as required by Condition 15.

21. On July 8, 2008, Doherty sent Respondent a letter (Exhibit 4) to her address of record with the Board setting a meeting for July 25, 2008, at 9:30 a.m. at the Ontario Field Office for the Board's Division of Investigation. The letter noted that one of the conditions of the Probation Order required Respondent to attend meetings with the Board's designated representative as directed; the letter also noted that the meeting could not be rescheduled except for an emergency. Included in the letter was a number to call in the event of an emergency. The purpose of the meeting was to obtain Respondent's explanations regarding her failure to meet the conditions of her probation and to try to obtain compliance with those conditions.

22. Respondent did not appear for the meeting set for July 8, 2008, with Doherty. During the hearing, Respondent contended that she received the letter setting the meeting either the day of or the day after the meeting. She asserted she had been in the midst of a tumultuous time in her life—her home had been foreclosed on in February of 2008, she had moved several times in a short period of time, and she had her belongings in three separate storage areas. According to Respondent, she had provided her post office box address to the Board, but the letter was not sent to that address and was only forwarded there. There was no documentary evidence she provided the post office box address to the Board prior to Doherty's letter being sent or at any other time; nor was there evidence that Respondent

---

<sup>2</sup> The first paragraph of Condition 16 does not refer to dangerous drugs, while the second paragraph does. Taken together, the intent of Condition 16 is to require that Respondent abstain from dangerous drugs like tramadol, except when prescribed in conjunction with the careful reporting and monitoring parameters set forth in Condition 16.

provided any other updated address to the Board prior to the date of Doherty's letter, as required by Condition 6 of the Probation Order.

23. Respondent called the Monday after the date set for the meeting with Doherty to let him know that she had missed the meeting because she had not received the letter in time to attend. By then, Doherty had forwarded the information regarding Respondent's violations of probation to the Office of the Attorney General. He told Respondent that if she provided all required paperwork within 10 days to him, he would forward it on, and they would have a meeting. Doherty acknowledged during the hearing that the violations of probation would have required referral to the Office of the Attorney General for review in connection with possible follow-up disciplinary action even if Respondent had appeared at the meeting.

24. On August 5, 2008, Doherty sent Respondent, by both certified and regular mail, a Notice of Violation (Exhibit 3) advising Respondent of her violations of Conditions 2, 3, 5, 15, and 16 of the Probation Order based on her failure to report in person for her probation interview; her failure to submit quarterly reports, her failure to provide nurse support group and 12-step meeting attendance sheets, and her failure to abstain from the use of "[p]sychotropic" drugs, as set forth in Findings 18 through 22, above. Doherty urged Respondent to submit any prescriptions for tramadol "ASAP." The letter informed Respondent that her file had been returned to the Office of the Attorney General to begin disciplinary action against Respondent's license. It provided a number at which Doherty could be reached.

25. Respondent prepared and signed quarterly reports for the periods October 1, 2007, through December 31, 2007 (dated July 28, 2008), January 1, 2008, through March 31, 2008 (dated July 27, 2008), and April 1, 2008, through June 30, 2008 (dated July 28, 2008). The Board received these reports on August 8, 2008, after the Notice of Violation had been sent to Respondent. Respondent never submitted the required quarterly report for the period July 1, 2007, through September 30, 2007. There was no documentary evidence that, when she provided the late quarterly reports, Respondent also provided any prescriptions for tramadol for the period during which she had tested positive for the drug or any completed nurse support group and Alcoholics/Narcotics Anonymous meeting attendance sheets for the period July 7, 2007, through July 7, 2008.<sup>3</sup>

26. Respondent tried to contact Doherty a number of times after submitting the late paperwork identified in Finding 25. Doherty did not call Respondent back because he had been hospitalized on an emergency basis. Respondent contacted the person "on call" in his stead and was told to be patient. While Respondent seemed to imply that Doherty's

---

<sup>3</sup> Respondent asserted she had submitted such documents with the late reports, and Doherty acknowledged it was within the realm of possibility that she had done so. However, Doherty did not recall receiving any such documentation, no documentation was referenced in the late quarterly reports or kept with the Board's copies of the reports, and Respondent had no copies of any such submissions.

absence might have caused the filing of the instant Petition, this suggestion was not supported by the evidence. As noted in Finding 24, Doherty had referred the matter to the Office of the Attorney General before he became hospitalized and before Respondent submitted her late quarterly reports.

27. On August 26, 2008, Thomas Jackson, M.D., prepared a Mental Health Examination report for the Board regarding Respondent (Exhibit G). This report had been due March 13, 2006. Dr. Jackson noted that Respondent first saw him on January 15, 2008, at which time she told him she was "just falling apart." He recorded her history of depression and anti-depressant medication, including her thoughts of "wishing she were not alive" when he first saw her, as well as her having been in intensive inpatient treatment twice. Dr. Jackson stated that she had improved significantly when he changed her anti-depressant medication Lexapro. He also noted her symptoms and "strong family history" of Attention-Deficit/Hyperactivity Disorder (ADHD), first discussed on May 29, 2008. At that time, Dr. Jackson had prescribed Adderall, a psychostimulant medication, to help Respondent's symptoms of ADHD. Dr. Jackson noted that Respondent's ADHD symptoms improved significantly with the medication. Dr. Jackson further noted that Respondent's psoriasis improved with a prescription for Topomax. The report indicated Respondent told Dr. Jackson that she was having problems with the Board "because some of [her] paperwork wasn't handed in." There was no indication that Respondent had mentioned her positive drug tests in 2007 and 2008.

28. In his August 26, 2008 report, Dr. Jackson diagnosed Respondent as follows:

Axis I:

1. Major Depression, recurrent, moderate (296.32).
2. ADHD, combined type (314.01).

Axis II:

3. Deferred (799.9).

Axis III:

4. Psoriasis.

Axis IV:

5. Problems with daughters, possible loss of nursing license, financial stress.

Axis V:

6. Global Assessment of Functioning: 70.

29. Dr. Jackson's conclusions included the following:

... The patient has a good support network of friends and family, and uses therapeutic audio programs for the treatment of anxiety. She has demonstrated no symptoms or characteristics of sociopathic tendencies or violent behavior. In my professional opinion, this patient is fully capable of performing all of her duties as a registered nurse. She demonstrates considerable insight and seems to be very aware of her own level of

functioning. She is very likely to recognize any times during which she is undergoing extreme stress, and she is capable of making adjustments during those times in order to ensure that she performs appropriately regarding her responsibilities as a nurse. I believe this patient's prognosis is excellent and that she can function as a registered nurse in a safe and competent manner. I will continue prescribing her current medications and following her on a monthly basis. Her medications will be adjusted when indicated.

There was no discussion of how Respondent's failure to follow the conditions of the Probation Order impacted on Dr. Jackson's assessment of Respondent's functioning.

30. On August 26, 2008, RoseAnn Connerly, M.F.T. (Connerly), prepared an On-Going Treatment Verification for the Board regarding Respondent. This report had been due March 13, 2006. Connerly noted that Respondent had been seeing her for counseling at a rate of one to two sessions per month, for a total of 12 sessions over the course of almost one year. She further noted that Respondent had "shown investment in [the] process & [a] desire for growth." Respondent had also "learned boundaries & how to make better life choices." Connerly's diagnoses largely duplicated those of Dr. Jackson, and she indicated that she believed that Respondent was "capable of safely performing the functions of a registered nurse." Nonetheless, she noted that she and Respondent "were not done with treatment."

31. In Respondent's most recent quarterly report (Exhibit 9), submitted on or about April 7, 2010, for the period January 1, 2010, through March 31, 2010, Respondent noted that she is unemployed. She noted that she had lost her insurance in December 2009 and had therefore stopped taking her anti-depressant medication and ADHD medication. She also had stopped participating in therapy. Respondent indicated she has continued going to one nurse support meeting per week.

32. Respondent testified that she has been unemployed since May 2009. She had been employed from May 2007 through May 2009 at Aurora Charter Oak Hospital in Covina, where she monitored patients and performed charting. She did not dispense medication. Respondent stopped working in May 2009 because she had been working the night shift, which was too difficult for her. There were no day shifts available.

33. During the hearing, Respondent testified about her dedication to her rehabilitation program. To demonstrate her progress, she submitted a letter (Exhibit B) from Angela Williams (Williams), her 12-step program sponsor for more than two years, and a letter (Exhibit A) from Joyce Francis (Francis), CADIC, NCAC II, who facilitates the nurse support group to which Respondent belongs. Both letters reflected that Respondent now communicates with others and asks for help when facing challenges in her life. She actively participates in her nurse support group, which she regularly attends. Her relationships have improved. She has become a sponsor for someone else in recovery. Francis stated that "[p]rogress is noted in maintaining compliance with [Respondent's] Probation contract," although the factual basis for this statement was not presented. Williams opined that Respondent "is ready to continue with her career as a Registered Nurse without the need for

supervision,” “would be best served by being released from the probationary program,” and “truly deserves having her unrestricted RN license back”; however, there was no evidence that Williams was aware of the extent of Respondent’s probation violations. As a result, the letters from Williams and Francis were of limited value.

34. In support of her claim that she had taken tramadol pursuant to a prescription, Respondent submitted records and testimony showing she had undergone surgery on her right index finger on November 15, 2007. After the hearing, she also submitted pharmacy records (Exhibit J) indicating that tramadol had, indeed, been prescribed for her following that surgery, from late November 2007 through early May 2008. Nonetheless, Respondent did not adequately address her failure to submit such records earlier. The duration of her use of tramadol, without any indication that it was being closely monitored as required by the Probation Order, is of concern.

35. In the final month prior to the hearing in this matter, Respondent sought, belatedly, to complete some of the other terms of the Probation Order. On June 18 and 19, 2010, she completed an Ethics of Nursing Practice continuing education course, and on June 23 through 24, 2010, she completed a Professional Accountability and Legal Liability continuing education course. On June 10, 2010, Respondent paid the final \$2,584.00 in costs required by the Probation Order.

36. Respondent suggested that her progress showed that she should be released from the Probation Order. She blamed her delayed or missing paperwork required by the Probation Order on her ADHD, financial and family stressors, the loss of her grandson, the loss of pediatric oncology patients earlier in her career, and other issues. When discrepancies in her sobriety dates were noted in her various quarterly reports, Respondent suggested that her ADHD likewise caused her to submit inaccurate information. She continued to deny that her positive alcohol test in 2006 was caused by anything other than Benadryl. Respondent admitted that her paperwork is “scattered,” despite the acknowledged importance of paperwork in nursing and her desire to obtain a case management position.

37. Respondent stated that she did not understand that a mental health examination or therapy was required by the Probation Order. She denied having been depressed in the last ten years, despite the evidence to the contrary in Dr. Jackson’s report.

38. Respondent sought to shift some of the blame for her failure to provide all the required documentation to the Board based on the Board’s failure to follow up with her as soon as she missed a deadline. Respondent thereby failed fully to appreciate either her responsibilities under the Probation Order or the importance of the reporting requirements in documenting compliance.

## LEGAL CONCLUSIONS

1. The purpose of an administrative proceeding concerning licensure is not to punish the Respondent, but rather is “to protect the public from dishonest, immoral,

disreputable or incompetent practitioners [ citations omitted].” (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The goal is the prevention of future harm and the improvement and rehabilitation of the licensee. It is far more desirable to impose discipline before a licensee harms any patient than after harm has occurred. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772.)

2. While the burden of proof on the Petition is on Complainant, the standard of proof to revoke probation is not “clear and convincing” evidence as required on an Accusation, but rather the “preponderance of the evidence.” (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441.)

3. Cause exists to discipline Respondent’s registered nursing license based upon her violations of Conditions 2, 3, 5, 15, and 16 of the Probation Order, as shown by her failure to report in person for her probation interview, her failure timely to submit quarterly reports, her failure to provide nurse support group and 12-step meeting attendance sheets (thus failing to show participation in a treatment and/or rehabilitation program for chemical dependency), and her failure to properly document use of tramadol, a dangerous drug. (See Findings 18 through 25 and 34, above.)<sup>4</sup>

4. Pursuant to California Code of Regulations, title 16, section 1444.5, the Board has adopted Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines). The Guidelines specify that the following factors are to be considered in determining whether revocation, suspension or probation is to be imposed in a given case:

1. Nature and severity of the act(s), offenses, or crime(s) under consideration.
2. Actual or potential harm to the public.
3. Actual or potential harm to any patient.
4. Prior disciplinary record.
5. Number and/or variety of current violations.
6. Mitigation evidence.
7. Rehabilitation evidence.

---

<sup>4</sup> With respect to Respondent’s use of tramadol, Complainant sought discipline against Respondent’s license based on her failure to abstain from psychotropic drugs as required by Condition 16. While Respondent showed she had a prescription for tramadol, she did not show compliance with all the terms of Condition 16 for the monitoring of any prescription for psychotropic or dangerous drugs.

8. In case of a criminal conviction, compliance with conditions of sentence and/or court-ordered probation.

9. Overall criminal record.

10. Time passed since the act(s) or offense(s) occurred.

11. If applicable, evidence of expungment proceedings pursuant to Penal Code Section 1203.4.

5. With respect to the rehabilitation criteria for abuse of alcohol or other drug-related offenses, the Guidelines require successful completion of a drug-alcohol treatment program of a minimum of six months' duration, including written documentation of participation in 12-step recovery groups. The Guidelines also require employment in nursing for a minimum of six months with documentation from the employer that the employer was aware of the previous drug or alcohol abuse problems. The documentation must also substantiate that while employed, the licensee showed no evidence of continued alcohol or drug use and performed nursing functions in a safe and competent manner.

6. Applying Legal Conclusions 4 and 5 to Findings 1 through 38, Respondent has not demonstrated sufficient rehabilitation to avoid revocation of her license. There is no question that Respondent has made some progress in her rehabilitation over the four and one-half years she has remained on probation. However, her failure properly to document her use and the monitoring of tramadol in accordance with the terms of the Probation Order, particularly given her history of having failed to comply with the Board's Diversion Program and her positive test for alcohol while on probation, is particularly troubling. Respondent's inability to comply with the record-keeping requirements of the Probation Order, her failure to recognize that some of the conditions of probation even existed, and her admittedly "scattered" approach to paperwork likewise suggest that Respondent poses a potential danger to the public.

Respondent has been attempting to rehabilitate herself for close to 10 years. The fact that Respondent submitted much of her (still deficient) paperwork and complied with certain terms of the Probation Order only after her case was referred for further disciplinary action suggests that any continued probation order would prove ineffective. Respondent has had a number of chances to prove herself. She has shown too little progress, too late. Under the circumstances, license revocation is the only appropriate discipline.

//

//

//


//

ORDER

WHEREFORE, THE FOLLOWING ORDER is hereby made:

Respondent Jane Ann Pravel's registered nursing license number 502771 is revoked.

Dated: August 16, 2010

A handwritten signature in black ink, appearing to read 'Susan L. Formaker', written over a horizontal line.

SUSAN L. FORMAKER  
Administrative Law Judge  
Office of Administrative Hearings

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 MARC D. GREENBAUM  
Supervising Deputy Attorney General  
3 GILLIAN E. FRIEDMAN, State Bar No. 169207  
Supervising Deputy Attorney General  
4 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
5 Telephone: (213) 897-2564  
Facsimile: (213) 897-2804  
6

7 Attorneys for Complainant

8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Petition to Revoke Probation  
Against:

13 JANE ANN PRAVEL  
6245 Newberry Avenue  
San Bernardino, CA 92404

14 Registered Nursing License No. 502771

15 Respondent.

Case No. 2005-150

**PETITION TO REVOKE  
PROBATION**

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Petition to  
20 Revoke Probation solely in her official capacity as the Executive Officer of the Board of  
21 Registered Nursing, Department of Consumer Affairs.

22 2. On or about August 26, 1994, the Board of Registered Nursing (Board)  
23 issued Registered Nursing License No. 502771 to Jane Ann Pravel (Respondent). The  
24 Registered Nursing License was in effect at all times relevant to the charges brought herein and  
25 will expire on February 28, 2010, unless renewed.

26 3. On November 17, 2005, pursuant to the Stipulated Settlement and  
27 Disciplinary Order adopted by the Board in the disciplinary action entitled *In the Matter of the*  
28 *Accusation against Jane Ann Pravel*, Case No. 200-150, the Board, issued a decision, effective

1 December 19, 2005, in which Respondent's License was revoked. However, the revocation was  
2 stayed and Respondent was placed on probation for a period of three (3) years with certain terms  
3 and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

#### 4 JURISDICTION

5 4. This Petition to Revoke Probation is brought before the Board under the  
6 authority of the following laws. All section references are to the Business and Professions Code  
7 unless otherwise indicated.

#### 8 STATUTORY PROVISIONS

9 5. Section 118, subdivision (b), provides that the suspension, expiration,  
10 surrender or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a  
11 disciplinary action during the period within which the license may be renewed, restored, reissued  
12 or reinstated.

13 6. Section 2750 of Code provides, in pertinent part, that the Board may  
14 discipline any licensee, including a licensee holding a temporary or an inactive license, for any  
15 reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

16 7. Section 2764 of the Code provides, in pertinent part, that the expiration of  
17 a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding  
18 against the licensee or to render a decision imposing discipline on the license.

#### 19 FIFTH CAUSE TO REVOKE PROBATION

##### 20 (Failure to Comply with the Board's Probation Program)

21 8. At all times after the effective date of Respondent's probation,  
22 Probation Condition No. 2 stated:

23 "Respondent shall fully comply with the conditions of the Probation Program  
24 established by the Board and cooperate with representatives of the Board in its monitoring and  
25 investigation of the Respondent's compliance with the Board's Probation Program. Respondent  
26 shall inform the Board in writing within no more than 15 days of any address change and shall at  
27 all times maintain an active, current license status with the Board, including during any period of  
28 suspension."

1           9.       Respondent's probation is subject to revocation because she failed to  
2 comply with the Board's Probation Program. Specifically, Respondent failed to comply with  
3 Condition Nos. 3, 5, 15 and 16, referenced above.

4                           **FIRST CAUSE TO REVOKE PROBATION**

5                                   **(Failure to Report in Person)**

6           10.       At all times after the effective date of Respondent's probation,  
7 Probation Condition No. 3 stated:

8                   "Respondent, during the period of probation, shall appear in person at  
9 interviews/meetings as directed by the Board or its designated representatives."

10           11.       Respondent's probation is subject to revocation because without any  
11 justification therefore, Respondent failed to comply with Condition No. 3 in that she failed to  
12 appear for her probation interview on July 25, 2008. This meeting was scheduled to have taken  
13 place in Ontario, California at 9:30 a.m. Respondent was provided with a contact telephone  
14 number that could be used to reschedule the meeting in an emergency. Respondent did not  
15 appear or provide reasons for her non-appearance.

16                           **SECOND CAUSE TO REVOKE PROBATION**

17                                   **(Failure to Submit Written Reports)**

18           12.       At all times after the effective date of Respondent's probation, Probation  
19 Condition No. 5 stated:

20                   "Respondent, during the period of probation, shall submit or cause to be  
21 submitted such written reports/declarations and verification of actions under penalty of perjury,  
22 as required by the Board. These reports/declarations shall contain statements relative to  
23 Respondent's compliance with all the conditions of the Board's Probation Program. Respondent  
24 shall immediately execute all release of information forms as may be required by the Board or its  
25 representatives."

26       ///

27       ///

28       ///

1           13.     Respondent's probation is subject to revocation because she failed to  
2 comply with Probation Condition No. 5, referenced above, in that she failed to submit quarterly  
3 written reports on the due dates for the following periods:

4           July 1, 2007 - September 30, 2007           DUE: October 7, 2007

5           October 1, 2007 - December 31, 2007       DUE: January 7, 2008

6           January 1, 2008 - March 31, 2008           DUE: April 7, 2008

7           April 1, 2008 - June 30, 2008             DUE: July 7, 2008

8                     **FOURTH CAUSE TO REVOKE PROBATION**

9                     **(Failure to Participate in Treatment/Rehabilitation Program for Chemical Dependence)**

10           14.     At all times after the effective date of Respondent's probation, Probation  
11 Condition No. 15 stated:

12                     "Respondent, at her expense, shall successfully complete during the probationary  
13 period or shall have successfully completed prior to commencement of probation a Board-  
14 approved treatment/rehabilitation program of at least six months duration. As required, reports  
15 shall be submitted by the program on forms provided by the Board. If Respondent has not  
16 completed a Board-approved treatment/rehabilitation program prior to commencement of  
17 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
18 a program. If a program is not successfully completed within the first nine months of probation,  
19 the Board shall consider Respondent in violation of probation.

20                     "Based on Board recommendation, each week Respondent shall be required to  
21 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g. Narcotics  
22 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
23 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
24 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
25 such attendance to the Board during the entire period of probation. Respondent shall continue  
26 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
27 mental health examiner and/or other ongoing recovery groups."

28     ///

1           15.     Respondent's probation is subject to revocation because she failed to  
2 comply with Probation Condition No. 15, referenced above, in that she failed to participate in a  
3 treatment and/or rehabilitation program for chemical dependency, as demonstrated by her failure  
4 to provide evidence of Nursing Support Group and Alcoholics Anonymous meeting attendance  
5 from July 7, 2007 through July 7, 2008.

6                               **FIFTH CAUSE TO REVOKE PROBATION**

7                   **(Failure to Abstain from Use of Psychotropic (Mood-Altering) Drugs)**

8           16.     At all times after the effective date of Respondent's probation, Probation  
9 Condition No. 15 stated:

10                    "Respondent shall completely abstain form the possession, injection or  
11 consumption by any route of all controlled substances and all psychotropic (mood altering)  
12 drugs, including alcohol, except when the same are ordered by a health care professional legally  
13 authorized to do so as part of documented medical treatment. Respondent shall have sent to the  
14 Board, in writing and within fourteen (14) days, by the prescribing health professional, a report  
15 identifying the medication, dosage, the date the medication was prescribed, the Respondent's  
16 prognosis, the date the medication will no longer be required, and the effect on the recovery plan,  
17 if appropriate.

18                    "Respondent shall identify for the Board a single physician, nurse practitioner or  
19 physician assistant who shall be aware of Respondent's history of substance abuse and will  
20 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
21 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
22 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
23 condition. If any substances considered addictive have been prescribed, the report shall identify a  
24 program for the time limited use of any such substances.

25                    "The Board may require the single coordinating physician, nurse practitioner, or  
26 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
27 addictive medicine."

28     ///



**Exhibit A**

**Decision and Order**

**Board of Registered Nursing Case No. 200-150**

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 2005-150

JANE ANN PRAVEL  
6245 Newberry Avenue  
San Bernardino, CA 92404

Registered Nurse License No. 502771

Respondent.

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by  
the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on December 19, 2005.

It is so ORDERED November 17, 2005

*LaTranene W Tate*

FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General  
of the State of California  
2 GILLIAN E. FRIEDMAN, State Bar No. 169207  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2564  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2005-150

12 JANE ANN PRAVEL  
6245 Newberry Avenue  
13 San Bernardino, CA 92404

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14  
15 Registered Nurse License No. 502771

16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
19 above-entitled proceedings that the following matters are true:

20 PARTIES

21 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
22 the Board of Registered Nursing. She brought this action solely in her official capacity and is  
23 represented in this matter by Bill Lockyer, Attorney General of the State of California, by Gillian  
24 E. Friedman, Deputy Attorney General.

25 2. Respondent Jane Ann Pravel is represented in this proceeding by attorney  
26 Matthew J. Singer, whose address is First American Building, 323 West Court Street, Suite 402  
27 San Bernardino, CA 92401-1697.

28 ///

3. On or about August 26, 1994, the Board of Registered Nursing issued Registered Nurse License No. 502771 to Jane Ann Pravel. The License was in full force and effect at all times relevant to the charges brought in Accusation No. 2005-150 and will expire on February 28, 2006, unless renewed.

JURISDICTION

4. Accusation No. 2005-150 was filed before the Board of Registered Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 25, 2005. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 2005-150 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 2005-150. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in  
Accusation No. 2005-150.

9. Respondent agrees that her Registered Nurse License is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Registered Nurse License No. 502771 issued to Respondent Jane Ann Pravel is revoked. However, the revocation is stayed and Respondent is placed on probation for 3 years on the following terms and conditions.

1. **Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and

1 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
2 as part of the licensure application process.

3           2.       **Comply with the Board's Probation Program.** Respondent shall fully  
4 comply with the conditions of the Probation Program established by the Board and cooperate  
5 with representatives of the Board in its monitoring and investigation of the Respondent's  
6 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
7 within no more than 15 days of any address change and shall at all times maintain an active,  
8 current license status with the Board, including during any period of suspension.

9           Upon successful completion of probation, Respondent's license shall be fully  
10 restored.

11           3.       **Report in Person.** Respondent, during the period of probation, shall  
12 appear in person at interviews/meetings as directed by the Board or its designated  
13 representatives.

14           4.       **Residency, Practice, or Licensure Outside of State.** Periods of  
15 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
16 of this probation time period. Respondent's probation is tolled, if and when she resides outside  
17 of California. Respondent must provide written notice to the Board within 15 days of any change  
18 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
19 returning to practice in this state.

20           Respondent shall provide a list of all states and territories where she has ever been  
21 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
22 provide information regarding the status of each license and any changes in such license status  
23 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
24 new nursing license during the term of probation.

25           5.       **Submit Written Reports.** Respondent, during the period of probation,  
26 shall submit or cause to be submitted such written reports/declarations and verification of actions  
27 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
28 statements relative to Respondent's compliance with all the conditions of the Board's Probation

1 Program. Respondent shall immediately execute all release of information forms as may be  
2 required by the Board or its representatives.

3 Respondent shall provide a copy of this Decision to the nursing regulatory agency  
4 in every state and territory in which she has a registered nurse license.

5 6. **Function as a Registered Nurse.** Respondent, during the period of  
6 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
7 hours per week for 6 consecutive months or as determined by the Board.

8 For purposes of compliance with the section, "engage in the practice of registered  
9 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
10 work in any non-direct patient care position that requires licensure as a registered nurse.

11 The Board may require that advanced practice nurses engage in advanced practice  
12 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
13 Board.

14 If Respondent has not complied with this condition during the probationary term,  
15 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
16 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
17 grant an extension of Respondent's probation period up to one year without further hearing in  
18 order to comply with this condition. During the one year extension, all original conditions of  
19 probation shall apply.

20 7. **Employment Approval and Reporting Requirements.** Respondent  
21 shall obtain prior approval from the Board before commencing or continuing any employment,  
22 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
23 performance evaluations and other employment related reports as a registered nurse upon request  
24 of the Board.

25 Respondent shall provide a copy of this Decision to her employer and immediate  
26 supervisors prior to commencement of any nursing or other health care related employment.

27 In addition to the above, Respondent shall notify the Board in writing within  
28 seventy-two (72) hours after she obtains any nursing or other health care related employment.

1 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
2 terminated or separated, regardless of cause, from any nursing, or other health care related  
3 employment with a full explanation of the circumstances surrounding the termination or  
4 separation.

5           8.     **Supervision.** Respondent shall obtain prior approval from the Board  
6 regarding Respondent's level of supervision and/or collaboration before commencing or  
7 continuing any employment as a registered nurse, or education and training that includes patient  
8 care.

9           Respondent shall practice only under the direct supervision of a registered nurse  
10 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
11 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
12 are approved.

13           Respondent's level of supervision and/or collaboration may include, but is not  
14 limited to the following:

15           (a)   Maximum - The individual providing supervision and/or collaboration is  
16 present in the patient care area or in any other work setting at all times.

17           (b)   Moderate - The individual providing supervision and/or collaboration is in  
18 the patient care unit or in any other work setting at least half the hours Respondent works.

19           (c)   Minimum - The individual providing supervision and/or collaboration has  
20 person-to-person communication with Respondent at least twice during each shift worked.

21           (d)   Home Health Care - If Respondent is approved to work in the home health  
22 care setting, the individual providing supervision and/or collaboration shall have person-to-  
23 person communication with Respondent as required by the Board each work day. Respondent  
24 shall maintain telephone or other telecommunication contact with the individual providing  
25 supervision and/or collaboration as required by the Board during each work day. The individual  
26 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
27 site visits to patients' homes visited by Respondent with or without Respondent present.

28    ///

1                   9.     **Employment Limitations.** Respondent shall not work for a nurse's  
2 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a  
3 traveling nurse, or for an in-house nursing pool.

4                   Respondent shall not work for a licensed home health agency as a visiting nurse  
5 unless the registered nursing supervision and other protections for home visits have been  
6 approved by the Board. Respondent shall not work in any other registered nursing occupation  
7 where home visits are required.

8                   Respondent shall not work in any health care setting as a supervisor of registered  
9 nurses. The Board may additionally restrict Respondent from supervising licensed vocational  
10 nurses and/or unlicensed assistive personnel on a case-by-case basis.

11                  Respondent shall not work as a faculty member in an approved school of nursing  
12 or as an instructor in a Board approved continuing education program.

13                  Respondent shall work only on a regularly assigned, identified and predetermined  
14 worksite(s) and shall not work in a float capacity.

15                  If Respondent is working or intends to work in excess of 40 hours per week, the  
16 Board may request documentation to determine whether there should be restrictions on the hours  
17 of work.

18                  10.    **Complete a Nursing Course(s).** Respondent, at her own expense, shall  
19 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
20 than six months prior to the end of her probationary term.

21                  Respondent shall obtain prior approval from the Board before enrolling in the  
22 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
23 completion for the above required course(s). The Board shall return the original documents to  
24 Respondent after photocopying them for its records.

25                  11.    **Cost Recovery.** Respondent shall pay to the Board costs associated with  
26 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the  
27 amount of \$4,863.50. Respondent shall be permitted to pay these costs in a payment plan  
28 approved by the Board, with payments to be completed no later than three months prior to the

1 end of the probation term.

2 If Respondent has not complied with this condition during the probationary term,  
3 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
4 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
5 grant an extension of Respondent's probation period up to one year without further hearing in  
6 order to comply with this condition. During the one year extension, all original conditions of  
7 probation will apply.

8 **12. Violation of Probation.** If Respondent violates the conditions of her  
9 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
10 aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's  
11 license.

12 If during the period of probation, an accusation or petition to revoke probation has  
13 been filed against Respondent's license or the Attorney General's Office has been requested to  
14 prepare an accusation or petition to revoke probation against Respondent's license, the  
15 probationary period shall automatically be extended and shall not expire until the accusation or  
16 petition has been acted upon by the Board.

17 **13. License Surrender.** During Respondent's term of probation, if she ceases  
18 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
19 probation, Respondent may surrender her license to the Board. The Board reserves the right to  
20 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to  
21 take any other action deemed appropriate and reasonable under the circumstances, without  
22 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent  
23 will no longer be subject to the conditions of probation.

24 Surrender of Respondent's license shall be considered a disciplinary action and  
25 shall become a part of Respondent's license history with the Board. A registered nurse whose  
26 license has been surrendered may petition the Board for reinstatement no sooner than the  
27 following minimum periods from the effective date of the disciplinary decision:

28 ///

1           (1)     Two years for reinstatement of a license that was surrendered for any  
2 reason other than a mental or physical illness; or

3           (2)     One year for a license surrendered for a mental or physical illness.

4           14.     **Physical Examination.** Within 45 days of the effective date of this  
5 Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or  
6 physician assistant, who is approved by the Board before the assessment is performed, submit an  
7 assessment of the Respondent's physical condition and capability to perform the duties of a  
8 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
9 medically determined, a recommended treatment program will be instituted and followed by the  
10 Respondent with the physician, nurse practitioner, or physician assistant providing written  
11 reports to the Board on forms provided by the Board.

12                 If Respondent is determined to be unable to practice safely as a registered nurse,  
13 the licensed physician, nurse practitioner, or physician assistant making this determination shall  
14 immediately notify the Board and Respondent by telephone, and the Board shall request that the  
15 Attorney General's office prepare an accusation or petition to revoke probation. Respondent  
16 shall immediately cease practice and shall not resume practice until notified by the Board.  
17 During this period of suspension, Respondent shall not engage in any practice for which a license  
18 issued by the Board is required until the Board has notified Respondent that a medical  
19 determination permits Respondent to resume practice. This period of suspension will not apply  
20 to the reduction of this probationary time period.

21                 If Respondent fails to have the above assessment submitted to the Board within  
22 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
23 practice until notified by the Board. This period of suspension will not apply to the reduction of  
24 this probationary time period. The Board may waive or postpone this suspension only if  
25 significant, documented evidence of mitigation is provided. Such evidence must establish good  
26 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
27 provided. Only one such waiver or extension may be permitted.

28     ///

1                   15.     **Participate in Treatment/Rehabilitation Program for Chemical**  
2 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
3 period or shall have successfully completed prior to commencement of probation a Board-  
4 approved treatment/rehabilitation program of at least six months duration. As required, reports  
5 shall be submitted by the program on forms provided by the Board. If Respondent has not  
6 completed a Board-approved treatment/rehabilitation program prior to commencement of  
7 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
8 a program. If a program is not successfully completed within the first nine months of probation,  
9 the Board shall consider Respondent in violation of probation.

10                   Based on Board recommendation, each week Respondent shall be required to  
11 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
12 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
13 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
14 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
15 such attendance to the Board during the entire period of probation. Respondent shall continue  
16 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
17 mental health examiner and/or other ongoing recovery groups.

18                   16.     **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
19 shall completely abstain from the possession, injection or consumption by any route of all  
20 controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when  
21 the same are ordered by a health care professional legally authorized to do so as part of  
22 documented medical treatment. Respondent shall have sent to the Board, in writing and within  
23 fourteen (14) days, by the prescribing health professional, a report identifying the medication,  
24 dosage, the date the medication was prescribed, the Respondent's prognosis, the date the  
25 medication will no longer be required, and the effect on the recovery plan, if appropriate.

26                   Respondent shall identify for the Board a single physician, nurse practitioner or  
27 physician assistant who shall be aware of Respondent's history of substance abuse and will  
28 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled

1 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
2 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
3 condition. If any substances considered addictive have been prescribed, the report shall identify a  
4 program for the time limited use of any such substances.

5 The Board may require the single coordinating physician, nurse practitioner, or  
6 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
7 addictive medicine.

8 17. **Submit to Tests and Samples.** Respondent, at her expense, shall  
9 participate in a random, biological fluid testing or a drug screening program which the Board  
10 approves. The length of time and frequency will be subject to approval by the Board.  
11 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
12 number at all times. Respondent shall also ensure that messages may be left at the telephone  
13 number when she is not available and ensure that reports are submitted directly by the testing  
14 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
15 to the Board by the program and Respondent shall be considered in violation of probation.

16 In addition, Respondent, at any time during the period of probation, shall fully  
17 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
18 tests and samples as the Board or its representatives may require for the detection of alcohol,  
19 narcotics, hypnotics, dangerous drugs, or other controlled substances.

20 If Respondent has a positive drug screen for any substance not legally authorized  
21 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the  
22 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
23 from practice pending the final decision on the petition to revoke probation or the accusation.  
24 This period of suspension will not apply to the reduction of this probationary time period.

25 If Respondent fails to participate in a random, biological fluid testing or drug  
26 screening program within the specified time frame, Respondent shall immediately cease practice  
27 and shall not resume practice until notified by the Board. After taking into account documented  
28 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the

1 Board may suspend Respondent from practice pending the final decision on the petition to  
2 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
3 this probationary time period.

4           18.   **Mental Health Examination.** Respondent shall, within 45 days of the  
5 effective date of this Decision, have a mental health examination including psychological testing  
6 as appropriate to determine her capability to perform the duties of a registered nurse. The  
7 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
8 practitioner approved by the Board. The examining mental health practitioner will submit a  
9 written report of that assessment and recommendations to the Board. All costs are the  
10 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a  
11 result of the mental health examination will be instituted and followed by Respondent.

12           If Respondent is determined to be unable to practice safely as a registered nurse,  
13 the licensed mental health care practitioner making this determination shall immediately notify  
14 the Board and Respondent by telephone, and the Board shall request that the Attorney General's  
15 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
16 practice and may not resume practice until notified by the Board. During this period of  
17 suspension, Respondent shall not engage in any practice for which a license issued by the Board  
18 is required, until the Board has notified Respondent that a mental health determination permits  
19 Respondent to resume practice. This period of suspension will not apply to the reduction of this  
20 probationary time period.

21           If Respondent fails to have the above assessment submitted to the Board within  
22 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
23 practice until notified by the Board. This period of suspension will not apply to the reduction of  
24 this probationary time period. The Board may waive or postpone this suspension only if  
25 significant, documented evidence of mitigation is provided. Such evidence must establish good  
26 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
27 provided. Only one such waiver or extension may be permitted.

28   ///

1                   19.     **Therapy or Counseling Program.** Respondent, at her expense, shall  
2 participate in an on-going counseling program until such time as the Board releases her from this  
3 requirement and only upon the recommendation of the counselor. Written progress reports from  
4 the counselor will be required at various intervals.

5   ACCEPTANCE

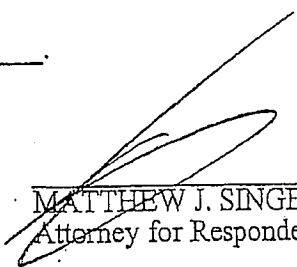
6                   I have carefully read the above Stipulated Settlement and Disciplinary Order and  
7 have fully discussed it with my attorney, Matthew J. Singer. I understand the stipulation and the  
8 effect it will have on my Registered Nurse License. I enter into this Stipulated Settlement and  
9 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
10 Decision and Order of the Board of Registered Nursing.

11 DATED: 07/26/05

12  
13   
14 JANE ANN PRAVEL  
15 Respondent

16                   I have read and fully discussed with Respondent Jane Ann Pravel the terms and  
17 conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
18 Order. I approve its form and content.

19 DATED: 7/27/05

20  
21   
22 MATTHEW J. SINGER, ESQ.  
23 Attorney for Respondent

24 ///

25 ///

26 ///

27 ///

28 ///

1 ENDORSEMENT

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
3 submitted for consideration by the Board of Registered Nursing of the Department of Consumer  
4 Affairs.

5  
6 DATED: 8/1/05

7 BILL LOCKYER, Attorney General  
8 of the State of California

9   
10 GILLIAN E. FRIEDMAN  
11 Deputy Attorney General

12 Attorneys for Complainant

13 DOJ Matter ID: LA2004602235  
14 50024895.wpd  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Exhibit A

Accusation No. 2005-150

1 BILL LOCKYER, Attorney General  
of the State of California  
2 GILLIAN E. FRIEDMAN, State Bar No. 169207  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2564  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 BEFORE THE  
BOARD OF REGISTERED NURSING  
9 DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 2005-150

12 JANE ANN PRAVEL  
6245 Newberry Avenue  
13 San Bernardino, CA 92404

ACCUSATION

14 Registered Nurse License No. 502771

15 Respondent.

16  
17 Complainant alleges:

18 PARTIES

19 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation  
20 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,  
21 Department of Consumer Affairs.

22 2. On or about August 26, 1994, the Board of Registered Nursing issued  
23 Registered Nurse License No. 502771 to Jane Ann Pravel (Respondent). The registered nurse  
24 license was in full force and effect at all times relevant to the charges brought herein and will  
25 expire on February 28, 2006, unless renewed.

26 ///

27 ///

28 ///

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 states, in pertinent part:

"Every certificate holder or licensee, including licensees holding temporary licenses, or licensees holding licenses placed in an inactive status, may be disciplined as provided in this article [article 3, commencing with section 2750]. As used in this article, 'license' includes certificate, registration, or any other authorization to engage in the practice regulated by this chapter [chapter 6, commencing with section 2700]."

5. Section 2764 states:

"The lapsing or suspension of a license by operation of law or by order or decision of the board or a court of law, or the voluntary suspension of a license by a licentiate shall not deprive the board of jurisdiction to proceed with any investigation of or disciplinary proceeding against such license, or to render a decision suspending or revoking such license."

6. Section 2811, subdivision (b), provides in pertinent part, that each license not renewed in accordance with that section shall expire, but may within a period of eight years thereafter be reinstated.

7. Section 2761 states:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct . . .

"(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter [chapter 6, commencing with section 2700] or regulations adopted pursuant to it.

8. Section 2762 states:

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter [chapter 6, commencing with section 2700], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

1           "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
2 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish  
3 or administer to another, any controlled substance as defined in Division 10 (commencing with  
4 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
5 defined in Section 4022.

6           "(b) Use any controlled substance as defined in Division 10 (commencing with  
7 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as  
8 defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or  
9 injurious to himself or herself, any other person, or the public or to the extent that such use  
10 impairs his or her ability to conduct with safety to the public the practice authorized by his or her  
11 license."

12           9.       Section 125.3, subdivision (a), states, in pertinent part:

13           "Except as otherwise provided by law, in any order issued in resolution of a  
14 disciplinary proceeding before any board within the department . . . the board may request the  
15 administrative law judge to direct a licensee found to have committed a violation or violations  
16 of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
17 enforcement of the case."

18           10.       CONTROLLED SUBSTANCES/DANGEROUS DRUGS

19           a.       Codeine is a Schedule II controlled substance as designated by Health and  
20 Safety Code section 11055(b)(1)(H) and is categorized as a dangerous drug pursuant to Business  
21 and Professions Code section 4022.

22           b.       Hydrocodone is a Schedule II controlled substance pursuant to Health and  
23 Safety Code Section 11055(b)(1)(J), and is categorized as a dangerous drug pursuant to defined  
24 by Business and Professions Code section 4022.

25           c.       Methadone is designated a Schedule II controlled substance pursuant to  
26 Health and Safety Code section 11055(c)(14), and is categorized as a dangerous drug pursuant to  
27 section 4022 of the Code.

28       ///

d. Morphine is a Schedule II controlled substance as designated by Health and Safety Code section 11055(b)(1)(M) and is categorized as a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Self-Administer Controlled Substances)

11. Respondent is subject to disciplinary action under sections 2761(a), 2762(a), and 2762(b), on the grounds of unprofessional conduct, in that between September 1994 and October 2000, while employed as a registered nurse at Loma Linda University Medical Center (LLUMC), 11234 Anderson Street, Loma Linda, California 92354, Respondent administered controlled substances to herself.

12. In or about September 2000, a complete bag of Morphine was removed and unaccounted for after it was hung for a patient's IV. While at work at LLUMC, Respondent wrongfully took the bag of Morphine from the patient, without authorization to do so, and drank it causing her to become violently ill.

DISCIPLINE CONSIDERATIONS

13. On or about November 9, 2000, Respondent enrolled in the Board's Diversion Program. On or about June 10, 2003, Respondent was terminated unsuccessfully from the Board's Diversion Program, as a "public safety threat," because Respondent refused to comply with the Diversion Program mandates in that she provided diluted urine specimens on three occasions between November 2002 and January 2003, missed required meetings, missed required laboratory tests on March 24, 2003, April 3, 2003, April 23, 2003, and May 5, 2003, failed to enter a residential treatment facility, and exhibited inappropriate actions with a patient.

14. While in the Board's Diversion Program, Respondent tested positive for controlled substances as follows:

a. Respondent self-administered unknown quantities of Methadone, as evidenced by a drug screening collected on or about July 7, 2002.

b. Respondent self-administered unknown quantities of Codeine and Hydrocodone, as evidenced by a drug screening collected on or about March 1, 2003.

1 PRAYER


2 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking or suspending Registered Nurse License No. 502771, issued to  
5 Jane Ann Pravel.

6 2. Ordering Jane Ann Pravel to pay the Board of Registered Nursing the  
7 reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
8 Professions Code section 125.3;

9 3. Taking such other and further action as deemed necessary and proper.

10 DATED: 2/10/05

11  
12   
13 RUTH ANN TERRY, M.P.H., R.N.  
14 Executive Officer  
15 Board of Registered Nursing  
16 Department of Consumer Affairs  
17 State of California  
18 Complainant

19 LA2004602235  
20 50014960.wpd  
21 cak (01/05)  
22  
23  
24  
25  
26  
27  
28